



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLE AND DRIVERS LICENSING
P O BOX 100
JEFFERSON CITY MO 65105-0100
ADDRESS CHANGE

FORM

4160

(REV. 5-00)

IMPORTANT! PLEASE READ

PLEASE INDICATE ANY CHANGES IN
ADDRESS AND DAY-TIME TELEPHONE
NUMBER BELOW.

NAME (LAST, FIRST, MIDDLE)

ADDRESS

CITY

STATE, ZIP CODE

DAY-TIME TELEPHONE
()

Please complete this form to update any changes to your address. Complete all sections that apply. This will ensure that future renewal notices will be mailed to the correct address. **PLEASE PRINT CLEARLY.**

DRIVER LICENSE ONLY (PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL ENTRIES.)

Questions should be referred to (573) 751-2730.

NAME (LAST, FIRST, MIDDLE INITIAL)	DRIVER LICENSE NUMBER	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
NAME (LAST, FIRST, MIDDLE INITIAL)	DRIVER LICENSE NUMBER	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F

MOTOR VEHICLE ONLY (PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL ENTRIES.)

List all passenger, truck, recreational vehicle, motorcycle and trailer license plates. Questions should be referred to (573) 526-3669.

	LICENSE PLATE NUMBER	EXP. YEAR
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
4.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	DISABLED PLACARD NUMBER	EXP. YEAR
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

BOAT OR OUTBOARD ONLY (PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL ENTRIES.)

List all boat or outboard motor **title numbers**. Questions should be referred to (573) 526-3669.

	BOAT OR OUTBOARD MOTOR TITLE NUMBER ONLY
1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	BOAT OR OUTBOARD MOTOR TITLE NUMBER ONLY
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>